

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

26273

FILED AUG 8 1941

Registration District No.

Primary Registration District No.

Registrar's No.

1580

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2615 Carson Road.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

8. (a) PRINT FULL NAME JEAN L. BERNEY.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Louisa Berney. 6. (c) Age of husband or wife if alive Dec'd. years
7. Birth date of deceased September 22, 1866.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 10 4 hr. min.

9. Birthplace Swi Switzerland.
(City, town, or county) (State or foreign country)

10. Usual occupation Paper Carrier.

11. Industry or business retired.

12. Name Dont know.
13. Birthplace Dont know. (City, town, or county) (State or foreign country)
14. Maiden name Dont know.
15. Birthplace Dont know. (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Leon Berney.
(b) Address 2515 Carson Road.

17. (a) Cremation (b) Date thereof 7-29-1941.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) JUL 29 1941 (b) Dr. Meyer (c) Dr. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 2615 Carson Road.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 51 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th.
year 1941 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 25th 1941 to July 26th 1941
that I last saw him alive on July 26th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Fever Duration 27 hrs

Due to Excessive heat.

Due to Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (b) Means of injury

23. Signature Dr. Meyer (M. D. or other)
Address 502 E. 12th St. Date signed 7-28-41

Dr. Forster.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 3454

David C. Gibson

, Registered Apprentice No.

working under my personal supervision.

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Eastern St. Paul

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.